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TRAINING IN COUNSELING AND PSYCHOTHERAPY: AN EVALUATION OF AN INTEGRATED DIDACTIC AND EXPERIENTIAL APPROACH.

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An approach to training in counseling and psychotherapy, integrating the didactic-intellectual approach which emphasizes the shaping of therapist behavior with the experiential approach which focuses upon therapist development and growth, was successfully implemented with both a group of graduate students in clinical psychology and a group of lay hospital personnel, including three attendants, a volunteer worker, and an industrial therapist. The program relied heavily upon scales which in previous and extensive research had been predictive of positive patient outcome in estimating levels of therapist empathy, positive regard and congruence and patient depth of self-exploration. It was found that the trainees could be brought to function at levels of effective therapy quite commensurate to those of more experienced therapists in less than 100 hours of training. (Author)

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An Evaluation of an Integrated Didactic and Experiential Approach

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Abstract

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Training in Counseling and Psychotherapy: An Evaluation of an Integrated Didactic and Experiential Approach[1]

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A recent attempt (Truax, Carkhuff and Douds, 1964) was made to implement a view of training in counseling and psychotherapy that would integrate the didactic-intellectual approach which emphasizes the shaping of therapist behavior with the experiential approach which focuses upon therapist development and growth. Briefly, the approach set forth involves the supervisor didactically teaching the trainee the former's accumulated research and clinical learnings concerning effective therapeutic dimensions in the context of a relationship which provides the trainee with experiences which the research and clinical learnings suggest are essential for constructive change or positive therapeutic outcome. For example, the teacher-supervisor might teach about high levels of empathic understanding while himself attempting to provide high levels of this dimension in his relationships to the trainees. Supervision is itself viewed as a therapeutic process: a learning or relearning process which takes place in the context of a particular kind of interpersonal relationship which is free of threat and facilitative of traineee self-exploration.

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[3]Psychotherapy Research Group.

This integrated approach has grown out of programs of research into the processes of individual and group counseling and psychotherapy which appear to have identified at least four critical process variables in effective therapeutic processes. The dimensions include: (1) therapist accurate empathic understanding (Truax, 1961a); (2) therapist warmth or positive regard (Truax, 1962); (3) therapist genuineness or self-congruence (Truax, 1962a);and (4) patient depth of self-exploration (Truax, 1962b). There is extensive evidence to indicate that the three therapist-offered conditions predictably relate to the patient process variable of intrapersonal exploration and all four dimensions have been shown to relate significantly to a variety of positive patient personality and behavioral change indices (Barrett-Lennard, 1962; Bergin and Solomon, 1963; Braaten, 1961; Halkides, 1958; Rogers, 1962; Tomlinson and Hart, 1962; Truax, 1961; Truax and Carkhuff, 1963, 1964, Wagstaff, Rice and Butler, 1960).

A central part of the training program involves the application of research scales which have been predictive of positive patient outcome in researching these dimensions. With the help of the scales which had successfully measured or estimated the levels of the therapeutic conditions in previous research, the trainees are didactically taught the therapeutic conditions involved. The beginning counselors are then exposed to tape-recorded samples of counseling or psychotherapy rated at various levels of therapist-offered conditions and client-process involvement. The trainees get practice at discriminating levels of therapist and client conditions. Further, the trainees receive empathy training in which the trainee listens to patient statements and then is asked to formulate his response in terms of the feeling and content of the communication. The trainees then role-play, and finally their initial clinical interviews with hospitalized patients are recorded and then rated so as to give them immediate and

concrete informational feedback on how well they are learning to operationalize the concepts involved.

Two separate, but essentially identical training programs, have been successfully implemented. The first program involved 12 advanced graduate students, ranging in age from the 20's to the 30's, in a regular university graduate course in "Individual Psychotherapy." The second and simultaneously run program involved five volunteer but otherwise unselected lay hospital personnel, ranging in age from the 30's to the 50's. These five volunteers consisted of three aides, a volunteer worker and an industrial therapist. Only the industrial therapist had a college education. The programs lasted one semester of 16 weeks. The classes met twice a week for two hours on each occasion. In addition, the trainees spent approximately two additional hours per week listening on their own to recorded therapy.

Methodology

During the last week of the semester of training, each trainee had a single clinical interview with each of three hospitalized patients. From the three tapes of each trainee, six four-minute excerpts were randomly selected, two excerpts from each tape. For purposes of comparison, excerpts of therapy interviews were similarly selected from the recordings of sessions in which 11 patients from a similar patient population were seen by experienced therapists in the Schizophrenic Project of the Wisconsin Psychiatric Institute. In addition, random excerpts were obtained from the publicly dispersed tapes of therapy interviews of four prominent therapists. The combined experienced therapists included the following: Albert Ellis, William Fey, Eugene T. Gendlin, Rollo May, Allyn Roberts, Carl R. Rogers, Jack Teplinsky, Charles B. Truax, Julius Seeman, Al Wellner and Carl Whitaker. The experienced therapists ranged in age from their 30's to 60's.

Following the pattern of rating upon which much of the extensive body of research in support of the four dimensions has been built, undergraduate students who were not psychology majors and who were naive concerning therapeutic practices were trained on the particular individual scales involved to a degree of intra-rater reliability of not less than .50 in order to ensure that the ratings were not random. While .50 was the cut-off level, in most cases the rate-rerate reliabilities hovered in the .70's and .80's. In the rater training, the prospective raters were exposed to therapy excerpts selected because of a high degree of rating agreement by a variety of raters, including experienced therapists, at the various levels of the scales involved in order to ensure a spread in the therapy process levels which the prospective raters were to rate. In the Wisconsin Schizophrenic Project and the Kentucky Group Therapy Project and in the analyses of data from other resources such as Chicago and Stanford, the therapy process ratings of undergraduate students trained on these particular individual scales successfully predicted therapeutic outcome (Rogers, 1962; Truax and Carkhuff, 1963, 1964). Four raters were trained to rate the therapist accurate empathy scale; four different raters rated patient depth of self-exploration; two other raters rated therapist positive regard; and two still different raters rated therapist congruence.

The therapist accurate empathy (AE) scale is a nine-point scale attempting to specify stages along a continuum. At the lowest stage, for example, "...the therapist seems completely unaware of even the most conspicuous of the client's feelings..." At the highest stage, Stage 9, the therapist "...unerringly responds to the client's full range of feelings in their exact intensity..." The product moment correlations between the

four raters employed on the AE training data ranged in the .40's and .50's with one correlation falling to .24.[4]

The scale measuring therapist unconditional positive regard (UPR) is a five-point scale running from the lowest point where "...the therapist is actively offering advice or giving clear negative regard..." to the highest point where "...the therapist communicates unconditional positive regard without restriction..." The product moment correlation between the two raters employed was .48.[4]

Therapist self-congruence (TSC) is estimated by a seven-point scale where Stage 1 is indicated by a "...striking evidence of contradiction between the therapist's experiencing and his current verbalization..." and Stage 7 is noted when "...the therapist is freely and deeply himself in the relationship..." The correlation between the two raters employed was .62.[4]

Client depth of self-exploration (DX) is measured by a nine-point scale running from the lowest stages where "...the patient actively evades personally relevant material..." to the highest stages where "...the patient is deeply exploring and being himself..." The product moment correlations between the four raters employed on the DX training data ranged in the .50's and .60's with only one correlation falling below .47.[4]

Results

The results appear in Tables 1 and 2. It can be readily seen that, with the notable exception of the critical DX variable, where the lay therapists' mean scores were approximately equal to those of the students and the experienced therapists, the groups consistently performed in the following rank order: (1) the experienced therapists; (2) the graduate students; and (3) the lay personnel. While a hierarchy of performance was

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[4]All intercorrelations for the ratings on all scales were significant beyond the .01 level.

established, the experienced therapists did not effect significantly better process levels than the graduate students on any dimensions and the latter were not significantly higher than the lay group on any indices. The only significant difference was found in the comparison of the experienced and the lay groups on the therapist self-congruence dimension.

Table 1

Mean Scale Values of Therapy Process Variables for Groups of Trainees and Experienced Therapists

Scale	No. of Points	Lay[a] (n=5)	SD	Students[a] (n=12)	SD	Experienced (n=15)	SD
AE	(9)	4.58	.30	5.14	.69	5.22	.84
UPR	(5)	2.82	.62	3.05	.32	3.16	.40
TSC	(7)	4.86	.35	5.23	.48	5.51	.45
DX	(9)	4.66	.30	4.56	.60	4.86	.56

[a]Personnel involved in training program.

Table 2

t tests for Significant Differences of Therapy Process Variables for Groups of Trainees and Experienced Therapists

Scale	Students vs. Lay	Students vs. Experienced	Lay vs. Experienced
AE	1.750	.267	1.641
UPR	1.045	.786	1.417
TSC	.487	1.556	2.955*
DX	.357	1.304	.741

*Significant at the .01 level.

Discussion

The results suggest that in a relatively short training period, i.e., approximately 100 hours, both graduate students and lay hospital personnel can be brought to function at levels of therapy nearly commensurate with those of experienced therapists.

It is notable that on the empathy dimension all of the groups functioned near Stage 5 which is characterized by the "...therapist accurately respond(ing) to all of the client's more readily discernible feelings..." All groups hovered around Stage 3 of the unconditional positive regard scale where "...the therapist indicates a positive caring for the patient or client but it is a semi-possessive caring..." On the therapist self-congruence scale all groups functioned near level 5 where "...there are no negative cues suggesting any discrepancy between what he says and what he feels, and there are some positive cues indicating genuine response to the patient..." The patients of all the groups of therapists are engaged in the therapeutic process of self-exploration at levels 4 and 5 where "...personally relevant material is discussed..." and frequently, "...either with feeling indicating emotional proximity, or with spontaneity..." To sum: it may be said that the trainees, both students and lay personnel, engaged almost as well as the more experienced therapists in what would commonly be characterized as effective psychotherapy.

For purposes of comparison, there is Bergin and Solomon's (1963) analysis of six different supervisory groups of post internship fourth-year graduate students from a more didactically and psychoanalytically-oriented clinical training program of a school of some repute in the field on an expanded version of the empathy scale. By inserting a stage between levels two and three of the present scale, the authors obtained the following average ratings, with many of the ratings between levels 2 and 3

and all of those above level 3 tending to be inflated if compared to assessments employing the nine point empathy scale: Group A, 2.14; Group B, 3.84; Group C, 3.20; Group D, 2.02; Group E, 1.91; Group F, 2.08. It should be noted here that Bergin and Solomon also found empathy to be positively related to outcome. While we have only empathy ratings for comparison, it can easily be seen that the highest of these levels of functioning on empathic understanding is nowhere near those produced by the integrated program described here.

That the experienced therapists are significantly higher than the lay personnel, as well as relatively higher than the graduate students, on the self-congruence dimension, suggests that with experience the therapists come to be more freely, easily and deeply themselves in the therapeutic encounter. In this regard, one handicap with which the lay personnel may have been operating is the lack of any real theoretical orientation to indicate to them where they were going in their encounters. The very notion that counseling and therapy may take place devoid of any theoretical knowledge is currently being assessed in a lay group counseling treatment study. While the present program did not emphasize outside readings, the graduate students tended to glean from other sources some direction for themselves and their activities.

It is perhaps noteworthy that the lay personnel, consistently the lowest on all scales assessing the level of therapist-offered conditions, engage their patients in a depth of intrapersonal exploration commensurate with that of the experienced therapists and the students. The suggestion is that other dimensions come into play in effecting patient self-exploration which, in turn, is so highly correlated with patient outcome criteria. Perhaps the oft-noted social class variables are relevant here in the sense that lower socio-educational class therapists are in some way more facilitative in engaging their patient counterparts in the therapeutic process.

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